



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 9/30/00. OMB 0651-0033  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)  
4765

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With  
Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,534  
and was amended on \_\_\_\_\_  
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

At least one error upon which reissue is based is described as follows:

**My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.**

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) <b>4765</b>	
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.</p>			
Name(s)	Registration Number		
<u>Laura A. Majerus</u>	<u>33,417</u>		
<u>Trinidad Arriola Kern</u>	<u>44,012</u>		
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input type="checkbox"/> Customer Number <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>  OR  Type Customer Number here </div> <div style="width: 35%; border: 1px solid black; padding: 5px; text-align: center;"> Place Customer Number Bar Code Label here </div> </div>			
<input checked="" type="checkbox"/> Firm or Individual Name	<b>Fenwick &amp; West LLP</b>		
Address	<b>Two Palo Alto Square</b>		
Address			
City	<b>Palo Alto</b>	State	<b>CA</b>
Country	<b>U.S.A.</b>		
Telephone	<b>(650) 494-0600</b>	Fax	<b>(650) 494-1417</b>
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>			
Full name of sole or first inventor (given name, family name) <b>Dan Meisburger</b>			
Inventor's signature			
Residence <b>1507 Montalban Drive</b> <b>San Jose, CA 95120-4830</b>		Date	
Post Office Address		Citizenship	
Full name of second joint inventor (given name, family name) <b>Alan D. Brodie</b>			
Inventor's signature <i>Alan D Brodie</i>		Date <b>9/7/00</b>	
Residence <b>998 Van Auken Circle</b> <b>Palo Alto, CA 94303</b>		Citizenship	
Post Office Address			
Full name of third joint inventor (given name, family name) <b>Zhong-Wei Chen</b>			
Inventor's signature		Date	
Residence <b>1561 Blaney Avenue</b> <b>San Jose, CA 95129</b>		Citizenship	
Post Office Address			
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## (REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)  
4765

All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Name(s) Registration Number

Laura A. Majerus 33,417

Trinidad Arriola Kern 44,012

Correspondence Address: Direct all communications about the application to:

☐ Customer Number

OR

Type Customer Number here

Place Customer Number Bar  
Code Label here☒ Firm or  
Individual Name

Fenwick &amp; West LLP

Address

Two Palo Alto Square

Address

City

Palo Alto

State

CA

ZIP

94306

Country

U.S.A.

Telephone

(650) 494-0600

Fax

(650) 494-1417

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Dan Meisburger

Inventor's signature

Residence 1507 Montalban Drive  
San Jose, CA 95120-4830

Date

Post Office Address

Citizenship

Full name of second joint inventor (given name, family name)

Alan D. Brodie

Inventor's signature

Date

Residence 998 Van Auken Circle  
Palo Alto, CA 94303

Citizenship

Post Office Address

Full name of third joint inventor (given name, family name)

Zhong-Wei Chen

Inventor's signature

Date

Residence 1561 Blaney Avenue  
San Jose, CA 95129

Citizenship

Post Office Address

☒ Additional joint inventors are named on separately numbered sheets attached hereto.

Please type a plus sign (+) inside this box → ☐

Approved for use through 9/30/98. OMB 0651-0032  
 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)

## DECLARATION

 ADDITIONAL INVENTOR(S)  
 Supplemental Sheet  
 Page 1 of 4

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Jack Y.

Jau

Inventor's  
Signature*Jack Jau*

Date

9/5/2004

Residence: City

Los Altos Hills

State

CA

Country

U.S.A.

Citizenship

Post Office Address

11020 Magdalena Road

Post Office Address

City

Los Altos Hills

State

CA

ZIP

94024

Country

U.S.A.

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Paul

Sandland

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Richard

Simmons

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

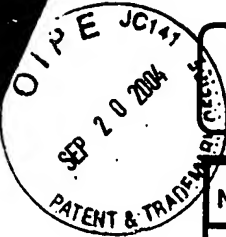
City

State

ZIP

Country

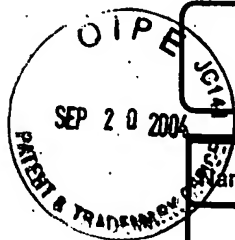
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



BEST AVAILABLE COPY

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Jack Y.				Jau				
Inventor's Signature				Date				
Residence: City		Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address		11020 Magdalena Road						
Post Office Address								
City		Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Paul				Sandland				
Inventor's Signature				Date		15 SEP 2004		
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Richard				Simmons				
Inventor's Signature				Date				
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Jack Y.				Jau				
Inventor's Signature				Date				
Residence: City		Los Altos Hills	State	CA	Country	U.S.A.	Citizenship	
Post Office Address		11020 Magdalena Road						
Post Office Address								
City		Los Altos Hills	State	CA	ZIP	94024	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Paul				Sandland				
Inventor's Signature				Date				
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Richard				Simmons				
Inventor's Signature		Richard Simmons		Date		9-19-04		
Residence: City		Los Altos	State	CA	Country	USA	Citizenship	US
Post Office Address		44 Alvarado Avenue						
Post Office Address								
City		Los Altos	State	CA	ZIP	94022	Country	USA

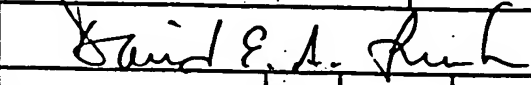
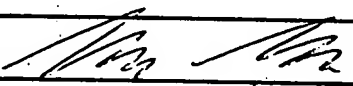
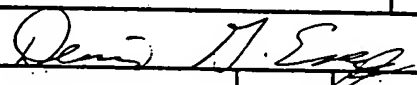
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page 2 of 4
--------------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature				Date		9/6/00	
Residence: City	San Mateo	State	CA	Country	USA	Citizenship	USA
Post Office Address	4022 Kingridge Drive						
Post Office Address							
City	San Mateo	State	CA	ZIP	94403	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Hans				Dohse			
Inventor's Signature				Date		9/6/00	
Residence: City	Sunnyvale	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	1073 Sargent Dr						
Post Office Address							
City	Sunnyvale	State	CA	ZIP	94087	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature				Date		9/11/00	
Residence: City	Naperville	State	IL	Country	USA	Citizenship	Y
Post Office Address	1853 Paddington Ave						
Post Office Address							
City	Naperville	State	IL	ZIP	60563	Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

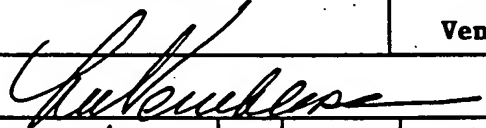
+

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 8/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>4</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
John				Greene			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature						8/30/00	
Residence: City	Castro Valley	State	CA	Country	USA	Citizenship	USA
Post Office Address	3445 Badding Rd.						
Post Office Address	Castro Valley, CA 94546						
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	19584 Via Monte Drive						
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 8/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 4

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

John

Greene

Inventor's  
Signature

*John M. Greene*

SEP 1 00  
Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Lee

Veneklasen

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Ming-Yie

Ling

Inventor's  
Signature

Date

9/5/00

Residence: City

Saratoga

State

CA

Country

U.S.A.

Citizenship

U.S.A.

Post Office Address

19584 Via Monte Drive

Post Office Address

City

Saratoga

State

CA

ZIP

95070

Country

U.S.A.

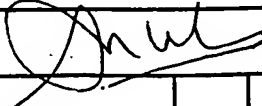
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

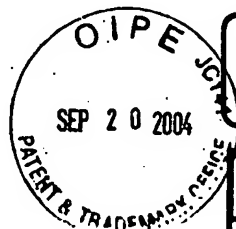
ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature				Date	8/31/2007		
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 Regnart Court Regnart						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Kirkwood				Rough			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 8/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Surendra G.				Lele				
Inventor's Signature					Date			
Residence: City		Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		21763 Ragnart Court						
Post Office Address								
City		Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Kirkwood				Rough				
Inventor's Signature					Date		9/8/00	
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/51 (12-97)  
Approved for use through 9/30/00. OMB 0651-0033  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)

4765

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 5,717,204, granted February 10, 1998, and for which a reissue patent is sought on the invention entitled Inspecting Optical Masks With

Electron Beam Microscopy

the specification of which

☐ is attached hereto.

☒ was filed on February 10, 2000 as reissue application number 09 / 502,534 and was amended on \_\_\_\_\_ (If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

☐ by reason of a defective specification or drawing.

☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.

☒ by reason of other errors.

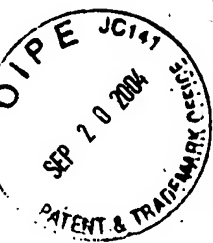
At least one error upon which reissue is based is described as follows:

**My intent to claim all disclosed embodiments of the invention was not carried out through the course of prosecution of unnecessarily restricted claims by my former attorney of record.**

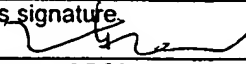
[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) <b>4765</b>							
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Name(s)</td> <td style="width: 60%; border-bottom: 1px solid black;">Registration Number</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Laura A. Majerus</td> <td style="border-bottom: 1px solid black;">33,417</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Trinidad Arriola Kern</td> <td style="border-bottom: 1px solid black;">44,012</td> </tr> </table>				Name(s)	Registration Number	Laura A. Majerus	33,417	Trinidad Arriola Kern	44,012
Name(s)	Registration Number								
Laura A. Majerus	33,417								
Trinidad Arriola Kern	44,012								
<p>Correspondence Address: Direct all communications about the application to:</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input type="checkbox"/> Customer Number <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span>  OR  Type Customer Number here </div> <div style="width: 35%; border: 1px solid black; padding: 5px; text-align: center;"> Place Customer Number Bar Code Label here </div> </div>									
<input checked="" type="checkbox"/> Firm or Individual Name	Fenwick & West LLP								
Address	Two Palo Alto Square								
Address									
City	Palo Alto	State	CA						
Country	U.S.A.								
Telephone	(650) 494-0600	Fax	(650) 494-1417						
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>									
Full name of sole or first inventor (given name, family name)									
Dan Meisburger									
Inventor's signature									
Residence	1507 Montalban Drive San Jose, CA 95120-4830		Date						
Post Office Address	Citizenship								
Full name of second joint inventor (given name, family name)									
Alan D. Brodie									
Inventor's signature	<i>Alan D Brodie</i>		Date						
Residence	998 Van Auken Circle Palo Alto, CA 94303		Citizenship						
Post Office Address									
Full name of third joint inventor (given name, family name)									
Zhong-Wei Chen									
Inventor's signature			Date						
Residence	1561 Blaney Avenue San Jose, CA 95129		Citizenship						
Post Office Address									
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.									



BEST AVAILABLE COPY

(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)		Docket Number (Optional) <b>4765</b>	
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.			
Name(s)		Registration Number	
<u>Laura A. Majerus</u>		<u>33,417</u>	
<u>Trinidad Arriola Kern</u>		<u>44,012</u>	
Correspondence Address: Direct all communications about the application to:			
<input type="checkbox"/> Customer Number		<div>Place Customer Number Bar Code Label here</div>	
OR		Type Customer Number here	
<input checked="" type="checkbox"/> Firm or Individual Name	<b>Fenwick &amp; West LLP</b>		
Address	<b>Two Palo Alto Square</b>		
Address			
City	<b>Palo Alto</b>	State	<b>CA</b>
		ZIP	<b>94306</b>
Country	<b>U.S.A.</b>		
Telephone	<b>(650) 494-0600</b>	Fax	<b>(650) 494-1417</b>
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of sole or first inventor (given name, family name) <b>Dan Meisburger</b>			
Inventor's signature			
Residence <b>1507 Montalban Drive</b> <b>San Jose, CA 95120-4830</b>		Date	
Post Office Address		Citizenship	
Full name of second joint inventor (given name, family name) <b>Alan D. Brodie</b>			
Inventor's signature		Date	
Residence <b>998 Van Auken Circle</b> <b>Palo Alto, CA 94303</b>		Citizenship	
Post Office Address			
Full name of third joint inventor (given name, family name) <b>Zhong-Wei Chen</b>			
Inventor's signature 		Date <b>9/8/2000</b>	
Residence <b>1561 Blaney Avenue</b> <b>San Jose, CA 95129</b>		Citizenship	
Post Office Address			
<input checked="" type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto.			

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Jack Y.

Jau

Inventor's  
Signature

*Jack Jau*

Date

9/5/2004

Residence: City

Los Altos Hills

State

CA

Country

U.S.A.

Citizenship

Post Office Address

11020 Magdalena Road

Post Office Address

City

Los Altos Hills

State

CA

ZIP

94024

Country

U.S.A.

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Paul

Sandland

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Richard

Simmons

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

SEP 20 2004  
PATENT & TRADEMARK OFFICE  
JCI/1

BEST AVAILABLE COPY

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Jack Y.

Jau

Inventor's  
Signature

Date

Residence: City

Los Altos Hills

State

CA

Country

U.S.A.

Citizenship

Post Office Address

11020 Magdalena Road

Post Office Address

City

Los Altos Hills

State

CA

ZIP

94024

Country

U.S.A.

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Paul

Sandland

Inventor's  
Signature

15 SEP 2000  
Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Richard

Simmons

Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

ZIP

Country

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+

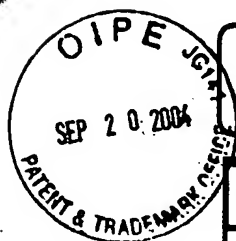


Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 4			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Jack Y.				Jau			
Inventor's Signature				Date			
Residence: City		Los Altos Hills		State CA		Country U.S.A.	
Post Office Address		11020 Magdalena Road					
Post Office Address							
City		Los Altos Hills		State CA		ZIP 94024	
				Country		U.S.A.	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Paul				Sandland			
Inventor's Signature				Date			
Residence: City				State		Country	
Post Office Address							
Post Office Address							
City				State		ZIP	
				Country			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Richard				Simmons			
Inventor's Signature		Richard Simmons		Date		9-19-02	
Residence: City		Los Altos		State CA		Country USA	
Post Office Address		44 Alvarado Avenue					
Post Office Address							
City		Los Altos		State CA		ZIP 94022	
				Country		USA	

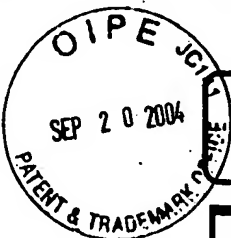
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



BEST AVAILABLE COPY

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 8/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



# DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dave E. A.				Smith			
Inventor's Signature	<i>Dave E. A. Smith</i>					Date	9/6/00
Residence: City	San Mateo	State	CA	Country	<del>San Mateo</del> USA	Citizenship	USA
Post Office Address	4022 Kingridge Drive						
Post Office Address							
City	San Mateo	State	CA	ZIP	94403	Country	USA
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Hans				Dohse			
Inventor's Signature	<i>Hans Dohse</i>					Date	9/6/00
Residence: City	Sunnyvale	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	1073 Sargent Dr						
Post Office Address							
City	Sunnyvale	State	CA	ZIP	94087	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Dennis G.				Emge			
Inventor's Signature	<i>Dennis G. Emge</i>					Date	9/6/00
Residence: City	Naperville	State	IL	Country	USA	Citizenship	Y
Post Office Address	1853 Paddington Ave						
Post Office Address							
City	Naperville	State	IL	ZIP	60563	Country	

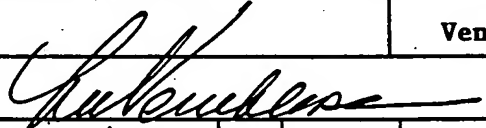
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box →   +  

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet Page <u>3</u> of <u>4</u>
--------------------	--

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
John				Greene			
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature						Date	8/30/00
Residence: City	Castro Valley	State	CA	Country	USA	Citizenship	USA
Post Office Address							
3445 Badding Rd.							
Post Office Address							
Castro Valley, CA 94546							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature						Date	
Residence: City	Saratoga	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address							
19584 Via Monte Drive							
Post Office Address							
City	Saratoga	State	CA	ZIP	95070	Country	U.S.A.

**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+



## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 3 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
John				Greene			
Inventor's Signature				Date		Sep 1 00	
Residence: City	State	Country	Citizenship				
Post Office Address							
Post Office Address							
City	State	ZIP	Country				
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Lee				Veneklasen			
Inventor's Signature				Date			
Residence: City	State	Country	Citizenship				
Post Office Address							
Post Office Address							
City	State	ZIP	Country				
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Ming-Yie				Ling			
Inventor's Signature				Date		9/5/00	
Residence: City	State	Country	Citizenship				
Post Office Address							
Post Office Address							
City	State	ZIP	Country				

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

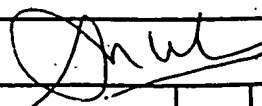
+

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Surendra G.				Lele			
Inventor's Signature				Date	8/31/2007		
Residence: City	Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	21763 <del>Regnart</del> Court Regnart						
Post Office Address							
City	Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Kirkwood				Rough			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.



## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 4 of 4

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Surendra G.				Lele				
Inventor's Signature				Date				
Residence: City		Cupertino	State	CA	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address		21763 Ragnart Court						
Post Office Address								
City		Cupertino	State	CA	ZIP	95014	Country	U.S.A.
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Kirkwood				Rough				
Inventor's Signature				Date		9/18/00		
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))				Family Name or Surname				
Inventor's Signature				Date				
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.